

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. H. Brookwith Jr.
Died at *Seneca* Town *Ind.* County *Unity*
Date of death *1905* Month *7* Day *18* Age *1* Years Months *3* Days *-*
Sex *Male* Color or Race *Wg* Birth-place *Seneca Ind.*
Occupation *-* Where Residing if not at place of death *-*

MARYLAND

Married, Single or Widowed *-*

Name of Wife or Husband *-*

Father's Name *W. Brookwith Sr.*

Father's Birthplace *Sugarland Ind.*

Mother's Maiden Name

Mother's Birthplace *Sugarland Ind.*

Name of person giving information

Physician (2)

How related to deceased *-*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis*

How long *6 mos.*

Immediate *Asphyxia*

How long *-*

Are the name, age, sex, color, date and place correctly given above?

yes

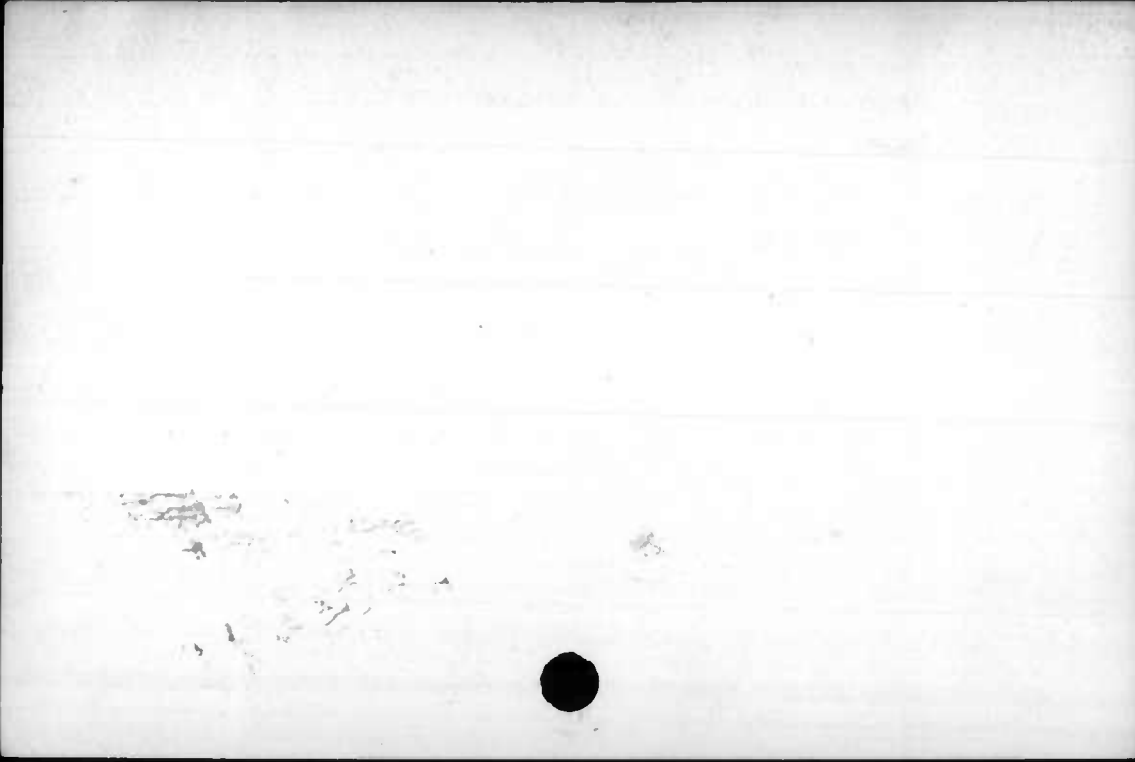
Signature of Physician

U. D. House M.D.

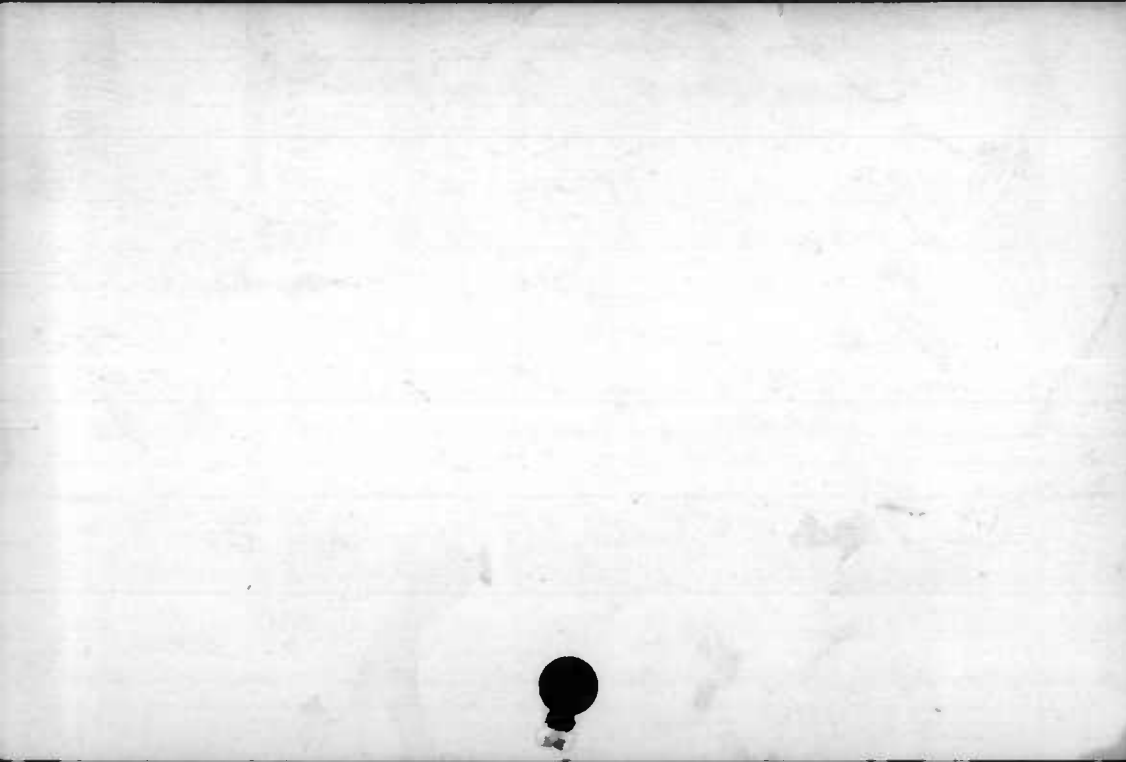
Address

Danville Ind.

Accident or Suicide?



| Name in Full | | CERTIFICATE OF DEATH | | | | | |
|---------------------------------------|---|----------------------|------------------------------------|--|----------------------------|------------------------|-------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Pine Park | | County Montgomery | | STATE MARYLAND |
| | Date of death | | 1905 | Month July | Day 4 | Age 27 | Years 1 |
| | Sex | Male | | Color or Race | Black | | Birth- place |
| | Occupation | Labourer | | Where Residing if not at place of death | | Same | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | | Cassie Stokes Brown | |
| | Father's Name | Mr. Brown | | | | Father's Birthplace | Ind |
| | Mother's Maiden Name | Caroline Hood | | | | Mother's Birthplace | Ind |
| Name of person giving In formation | Cassie Brown | | | | How related to deceased | wife | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Fracture Skull by Traumatic | | | | How long |
| | Immediate | | Fracture Skull and Stem from brain | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | | | | Address | | |
| | Accident or Suicide? | | Accident | | Signature of Coroner | | |



Name in Full

Certificate of Death

Emma. S. Brundage

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1905-

7-

11

Age

36

Pa.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Peritonitis

How long sick

11/10

Death

Immediate

Intestinal Adhesions

Accident, Suicide, Homicide

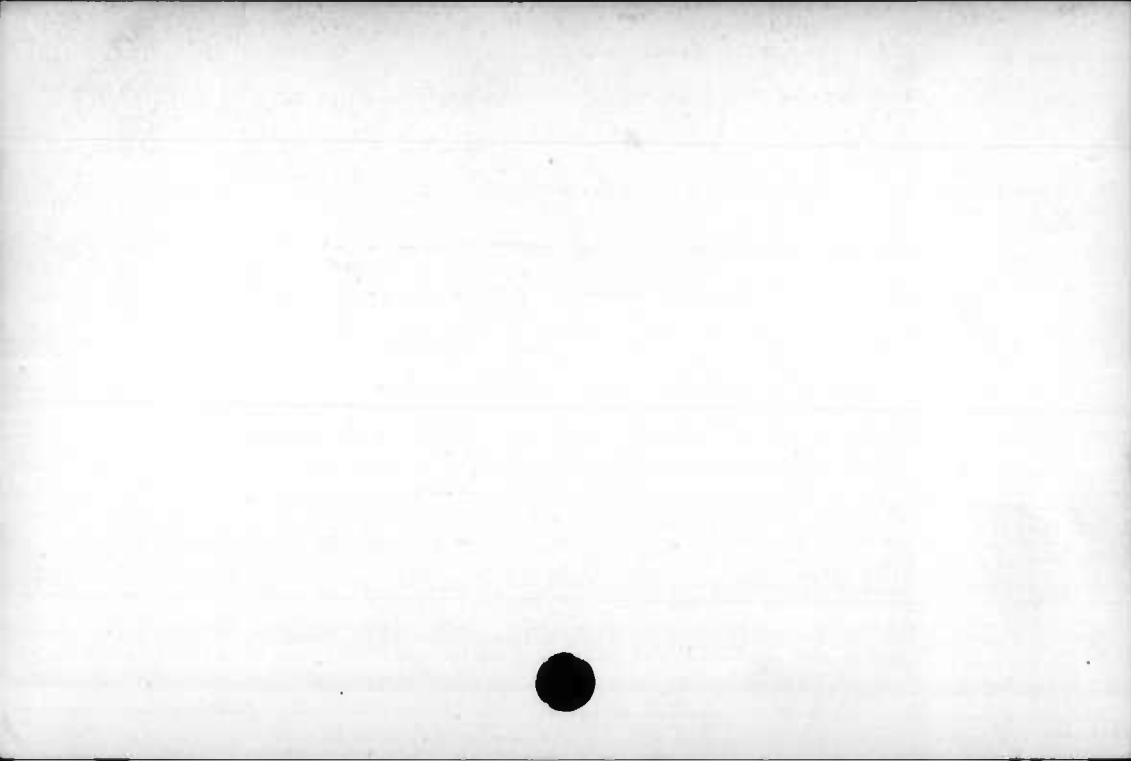
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66078

| Name in Full | | Lila Carroll | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-------------------|-----|---|------------------------|----------------------|------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Bryds | | County | | MARYLAND | |
| | Date of death | 1905 | 7 | 28 th | Age | 23 | Months |
| | Sex | Female | | Color or Race | Negro | | Birth-place |
| | Occupation | Domestic | | Where Residing if not at place of death | | Washington D.C. | |
| | Married Single | Single | | Name of Wife or Husband | | | |
| | Father's Name | Henceen Carroll | | Father's Birthplace | | Montg. Co. | |
| PHYSICIAN OR CORONER | Mother's Maiden Name | Martha | | Mother's Birthplace | | Montg. Co. | |
| | Name of person giving information | Physician | | How related to deceased | | | |
| | CAUSES OF DEATH | | | | | | |
| | Primary | Pneumonia (lobar) | | | | How long | 3 wks. |
| Immediate | Asthma | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | U-D. House M.D. |
| | | | | | Address | | Danversville Md. |
| | Accident or Suicide? | | | | | | |



Name in Full

Certificate of Death

Died at

Date 189

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

3 or 4 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

—LIBRARY BUREAU, 18908



| Name in Full | | Frank Disney | | | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|--------------|-----------------|-------|---|----------------------|---------------|-----|---|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Roadville | | County | | Maryland | | |
| | Date of death | | 1905 | Month | 7 | Day | 13 | Age | X |
| | Sex | | Male | | Color or Race | | White | | |
| | Occupation | | X | | Where Residing if not at place of death | | X | | |
| | Married, Single or Widowed | | X | | Name of Wife or Husband | | X | | |
| | Father's Name | | Wm L. Disney | | Father's Birthplace | | Md | | |
| | Mother's Maiden Name | | Mora - | | Mother's Birthplace | | Md | | |
| | Name of person giving information | | | | How related to deceased | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Chorea Infantum | | How long | | 8 hours | | |
| | Immediate | | Exhaustion | | How long | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | D M Linthicum | | |
| | | | | | Address | | Roadville | | |
| | Accident or Suicide? | | No | | | | Md | | |



Archie Elliott

Died at ^{Town} Foundlings Hosp. ^{County} Montgomery Co. MARYLAND

Date 1905 ^{Month} July ^{Day} 3 ^{Age} 1 ^{M.} 4 ^{D.} 21 ^{Native of} D.C. ^{Occupation}

Male ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
~~Female~~ ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

None

How long sick

36 hours

Death

Immediate

Thermic fever

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Lewis,

Name
in
Full

CERTIFICATE OF DEATH

Earle S. Hamilton

Town

County

Died at

Danmerville

Montgomery

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death *1905 - 7 12*

1

1

20

Sex

Male

Color or
Race

W.C.

Birth-
place

Danmerville Md.

Occupation

Where Residing if not
at place of death

—

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Robert Hamilton

Father's
Birthplace

Foglesville

Mother's
Maiden Name

—

Mother's
Birthplace

Foglesville

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

Convulsion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

U. S. House M.D.

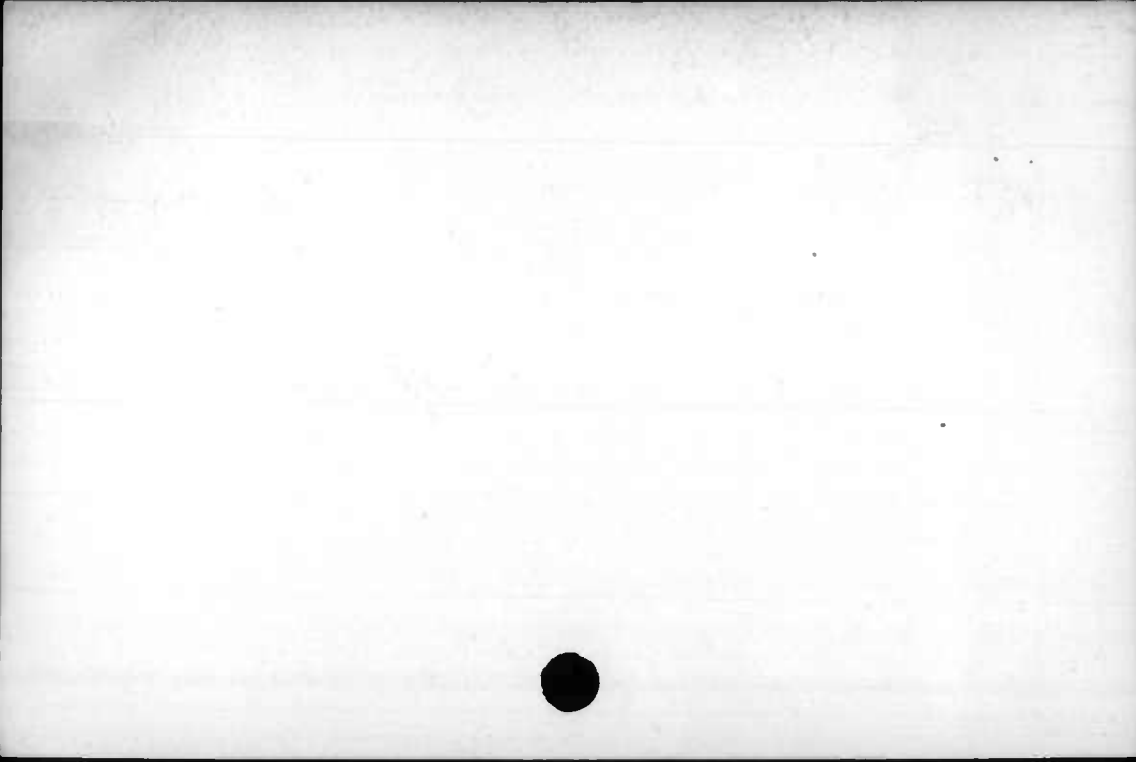
Address

Danmerville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Scotland* ^{Town}*Montgomery* ^{County}

Date

of death

1905 July

Month

Day

4th

Age

Years

84

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Ind*

Occupation

*—*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*X*Father's
Name*X*Father's
Birthplace*X*Mother's
Maiden Name*X*Mother's
Birthplace*X*Name of person giving
Information*Nancy Davis*How related
to deceased*X*

CAUSES OF DEATH

Primary

*Acute Indigestion
& Leucostoma*

How long

2 days

Immediate

How long

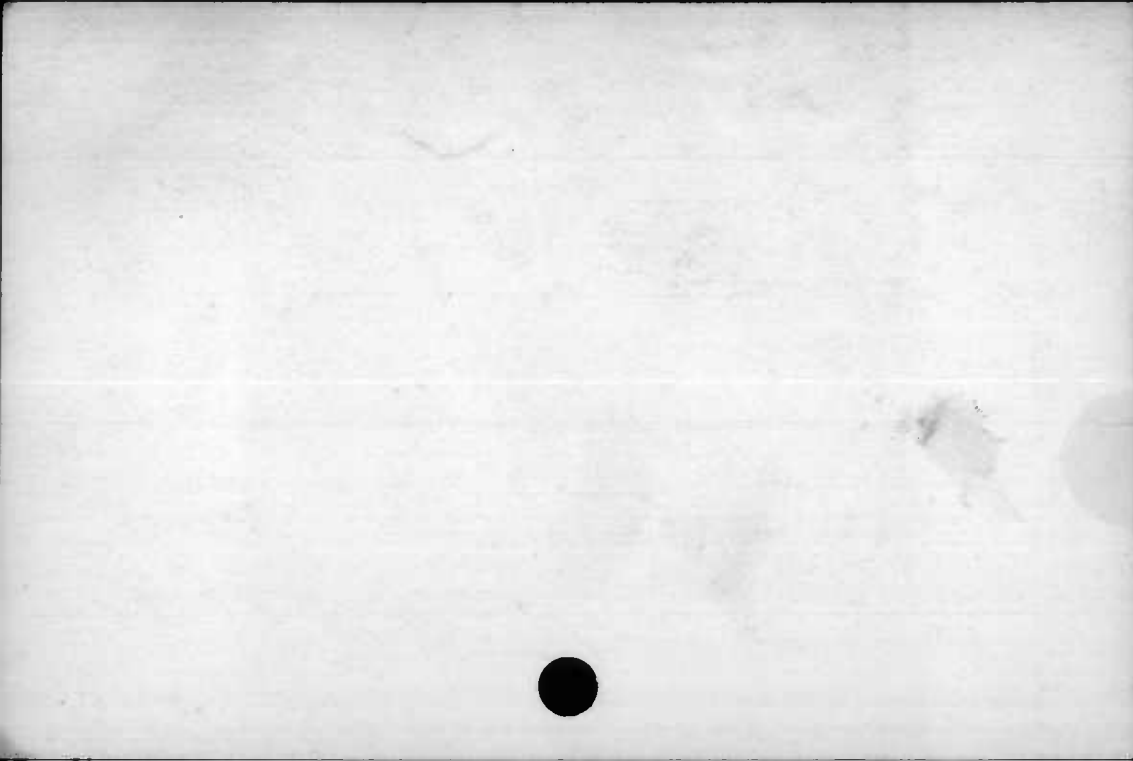
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*O. M. L. in the name
Rae L. L. in the name
Ind*

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|-----------------------------|--|-------------------------------|--|
| Name <i>John Heffner</i> | | Town <i>Dickerson</i> | | County <i>Montgomery</i> | | MARYLAND | |
| Died at <i>Dickerson</i> | | Date of death <i>1905 July 14</i> | | Age <i>66</i> | | Months <i>—</i> Days <i>2</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Mattie Trundle</i> | | | | | |
| Father's Name <i>Jacob Heffner</i> | | Father's Birthplace | | | | | |
| Mother's Maiden Name <i>Miss Reemsburg</i> | | Mother's Birthplace | | | | | |
| Name of person giving information <i>Mrs Heffner</i> | | How related to deceased <i>Wife</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute Softening of Brain</i> | How long <i>Five years</i> |
| Immediate <i>Paralysis</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. H. Street</i> |
| | Address <i>Barnesville Md</i> |
| Accident or Suicide? | |

2-5"

Name
in
Full

Abraham Hermann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Reusing ^{Town} County

Date of death 190 ^{Month} July ^{Day} 21 ^{Years} 62 ^{Months} 8 ^{Days} 17

Sex male Color or Race white Birth-place Germany

Occupation Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or Husband Money Herman

Father's Name Herman Father's Birthplace Germany

Mother's Maiden Name not known Mother's Birthplace Germany

Name of person giving information Dr. A. B. Schmidt How related to deceased Physician

CAUSES OF DEATH

PHYSICIAN
OR CORONER

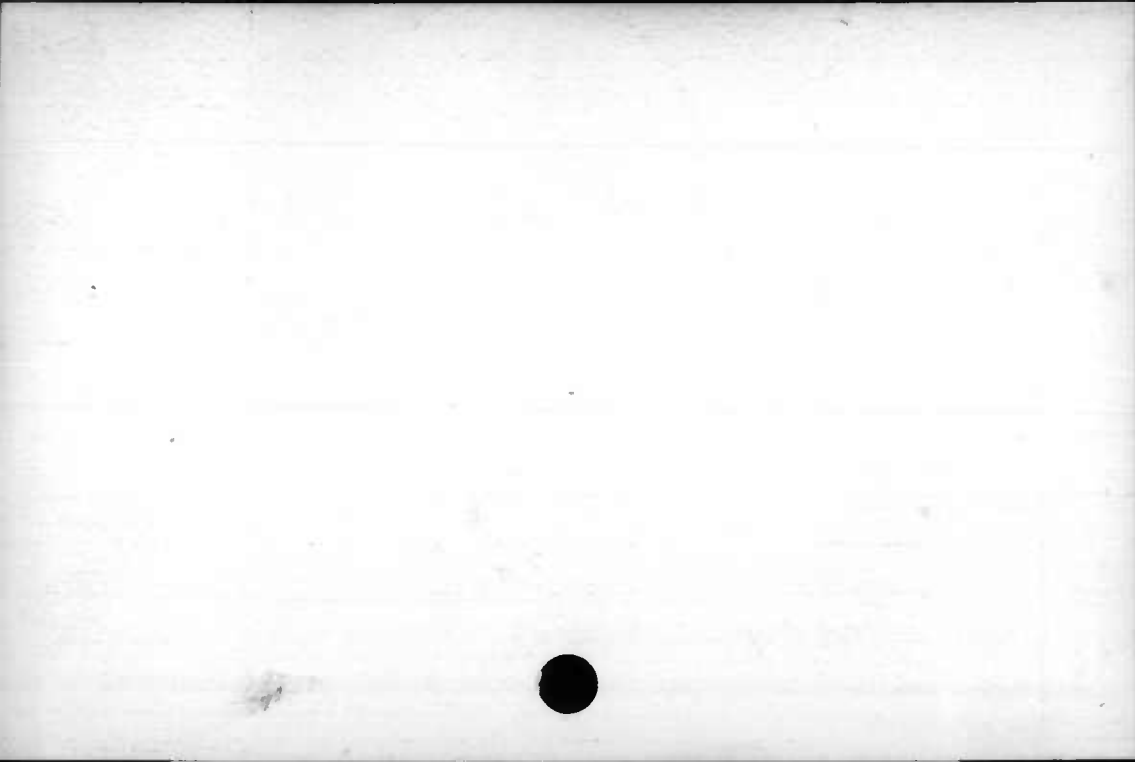
Primary Cystic tumor of kidney 101 How long 2 years

Immediate Hemorrhage of Bowels Colaps How long 6 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. B. Schmidt

Address [Redacted]

Accident or Suicide? [Redacted]



Name
in
Full

CERTIFICATE OF DEATH

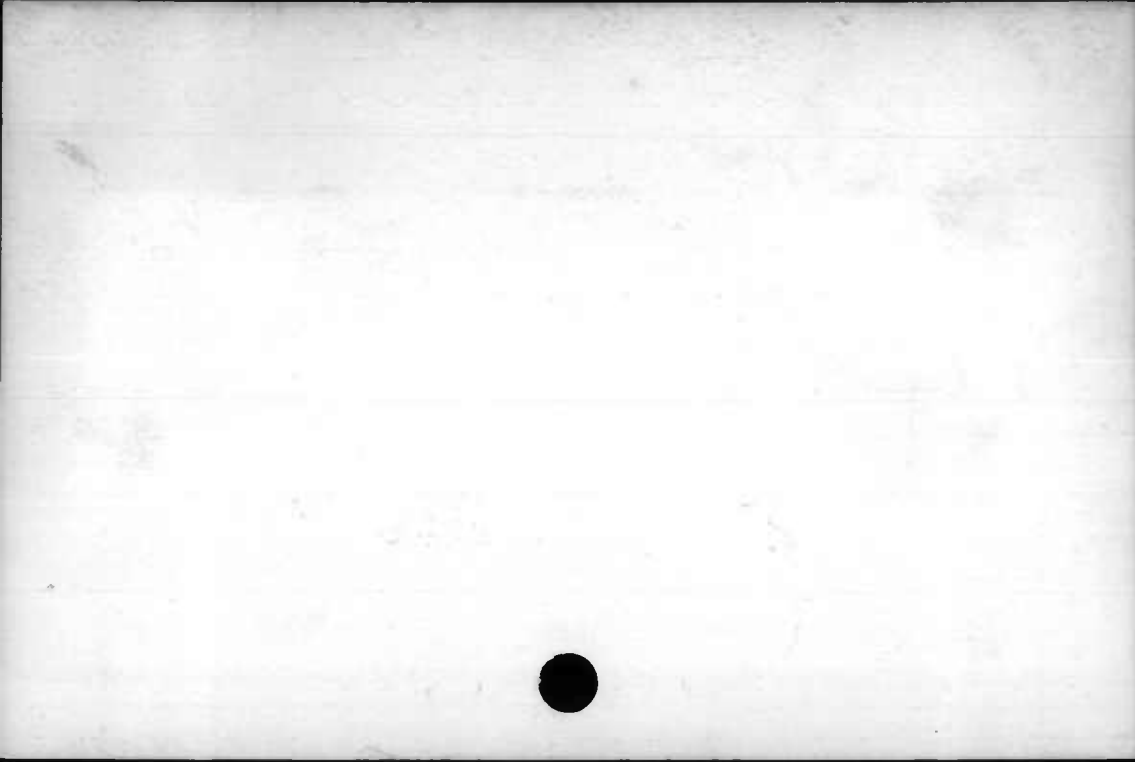
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--------------------------------|--------------|---|------------|
| Died at <i>Forest Glen</i> ^{Town} | | <i>Minny</i> ^{County} | | MARYLAND | |
| Date of death | <i>1905</i> | Month | <i>July</i> | Day | <i>7</i> |
| Age | <i>99</i> | Years | <i>99</i> | Months | <i>—</i> |
| Sex | <i>Female</i> | Color or Race | <i>Negro</i> | Birth-place | <i>Ind</i> |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | <i>Widowed</i> | Name of Wife or Husband | | | |
| Father's Name | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | <i>Elija Woods</i> | | | How related to deceased <i>Daughter</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|-------------------------|
| Primary | <i>Senility</i> | How long | |
| Immediate | <i>Paralysis</i> | How long | <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>W. L. Lewis M.D.</i> |
| | | Address | <i>Kensington Md</i> |
| Accident or Suicide? | | | |



Name in Full

Certificate of Death

Name in Full *Marion Johnson*

Town *Griffon* County *Montgomery* MARYLAND

Died at *Griffon* Month *July* Day *19* Y. *17* M. *17* D. *17* Native of *Maryland* Occupation *Teacher*

Date *1905*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*

☒ Husband of ☐ Wife

Father's Name _____ Mother's Name *Martha Johnson*

Cause of Death { Primary *Pulmonary Phthisis* How long sick *Three months*

Death { Immediate *Exhaustion* ☒ Accident ☐ Suicide ☐ Homicide ☐

Reported by *H. G. Skinner*

Address *Unity*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908

Name in Full

Certificate of Death

Name in Full *Mary M Johnson*
 Died at *Unmanned* Town *Montgomery* County *MARYLAND*
 Date *1905* Month *7* Day *22* Y. *3* M. *2* D. *Wid* Native of *Wid* Occupation *—*
~~Male~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name *Samuel W. Johnson* Mother's Name *Carry L. Johnson*

Cause of Death { Primary *Scarlatina* How long sick *4 weeks*
 { Immediate *Convulsions* Accident, Suicide, Homicide

Reported by *Roger Brinker*

Address *Sandy Spring* ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisa King

CERTIFICATE OF DEATH

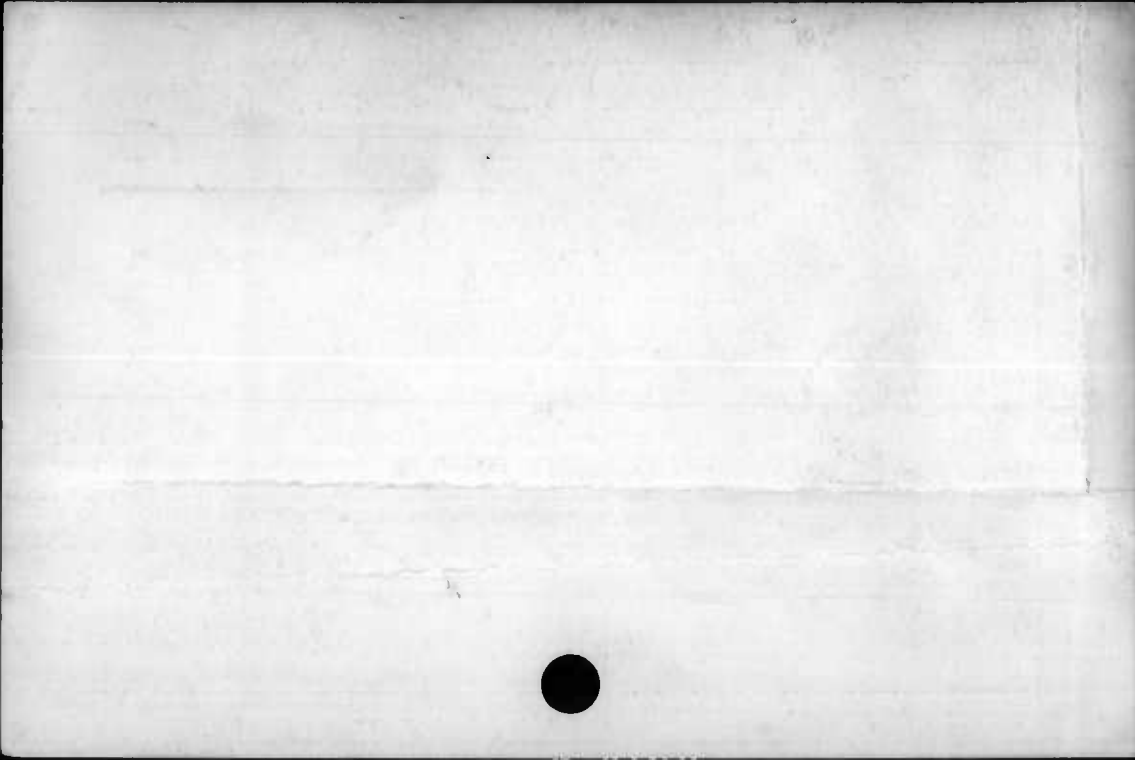
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|----------------------|----------------------------------|---|--------|----------|--|
| Died at | | Town <i>Etchison</i> | | County <i>Montgomery</i> | | MARYLAND | |
| Date of death 190 | Month <i>July</i> | Day <i>Monday</i> | Age <i>43</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Montgomery Co</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | | | Occupation | | | | |
| Name of Wife or Husband <i>Wilson L King</i> | | | | | | | |
| Father's Name <i>George Howard</i> | | | | Father's Birthplace <i>Montgomery Co</i> | | | |
| Mother's Maiden Name <i>Harriet Howard</i> | | | | Mother's Birthplace <i>Montgomery Co</i> | | | |
| Name of person giving information <i>John F Hall</i> | | | | How related to deceased <i>Son in law</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Paralysis</i> | How long <i>Seven years & three months</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Basil B Crawford</i> |
| | Address <i>Laytonville Maryland</i> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

Louisa King
 Town

County

Died at

Station
 Month Day

Montgomery
 M. D.

MARYLAND

Date 19

04 July 25
 Year

Age

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

William King

Mother's

Maiden Name

Cause of

Primary

Paralysis

Death

Immediate

How long sick

5 years

Accident, Suicide, Homicide

Reported by

Wm Nettles

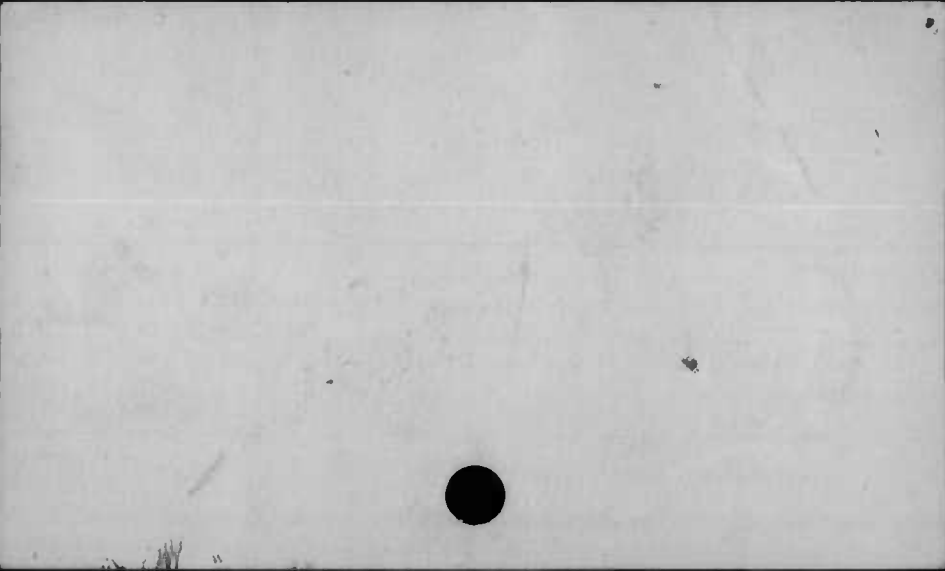
Address

Chairman of Lodge

who takes charge of Burial

Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999



Name in Full

Certificate of Death

Cane Evelyn Lee.

Town

County

Died at

Fruadling Hosp. Bethesda Md. Co

MARYLAND

Date

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date

July 19

Age

0

1

24

DC.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Marsacrus

Death

Immediate

Exhaustion

How long sick

Whole life

Accident, Suicide, Homicide

Reported by

J. Wall me.

Address

Fruadling Hosp.

Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Lawrence Wallace Luckett

CERTIFICATE OF DEATH

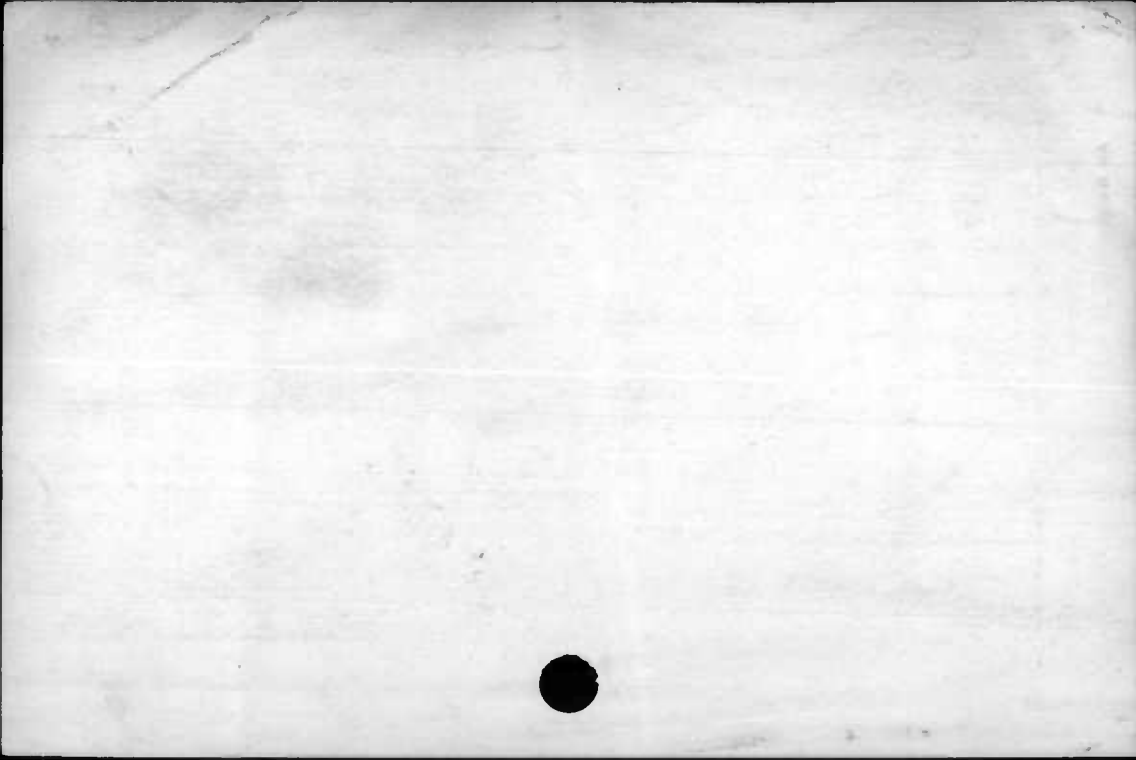
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|--------------------------------|---|----------------------------|---------------------------|
| Died at ^{Town} <i>Burnh Mills</i> | | ^{County} <i>Montg</i> | | MARYLAND | |
| Date of death <i>1905</i> | ^{Month} <i>July</i> | ^{Day} <i>21</i> | ^{Years} <i>0</i> | ^{Months} <i>5</i> | ^{Days} <i>15</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ill.</i> | | |
| Occupation <i>None</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Wallace Luckett</i> | | | Father's Birthplace <i>Ill.</i> | | |
| Mother's Maiden Name <i>Mary Mulligan</i> | | | Mother's Birthplace <i>Ind.</i> | | |
| Name of person giving information <i>Lawrence H. Luckett</i> | | | How related to deceased <i>Father</i> | | |

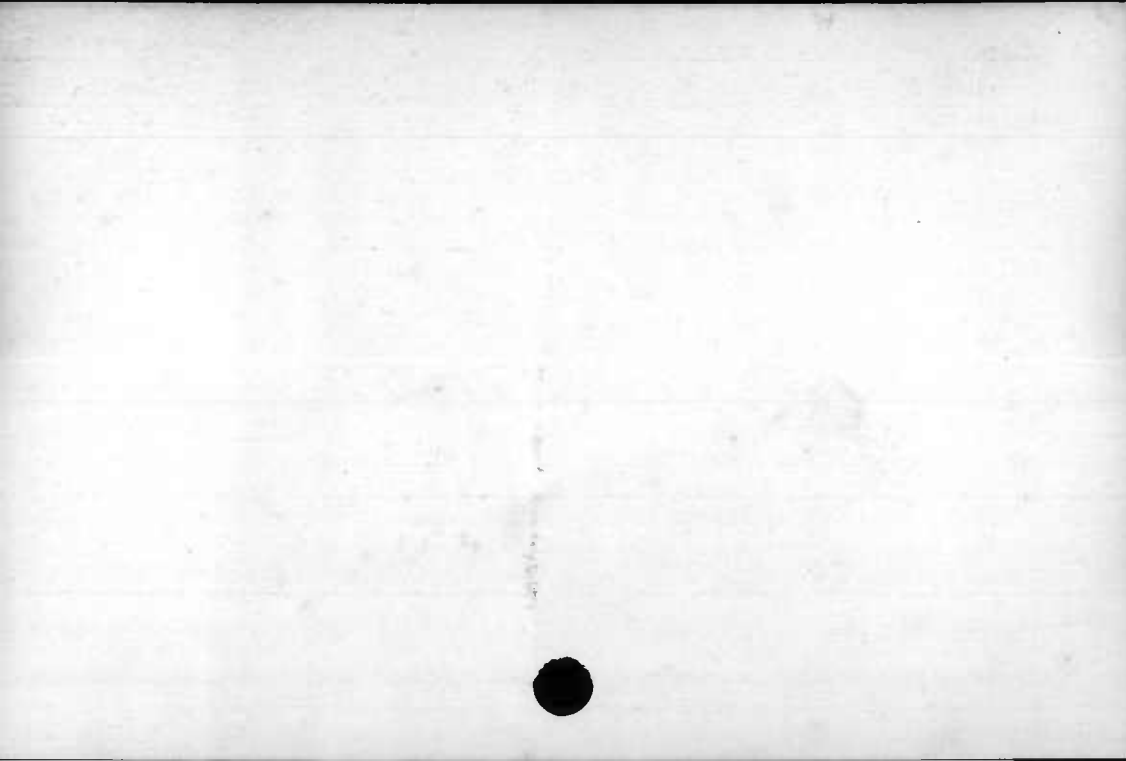
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Enterocolitis</i> | How long <i>About</i> |
| Immediate <i>Syncope</i> | How long <i>One week</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>H. T. Brown</i> |
| <i>Yes</i> | Address <i>Pilven Spring</i> |
| Accident or Suicide? | |



| | | | | | | | |
|-------------------------------------|--|----------------|---------------------|---|------------------------------|-------------------------|--------------------|
| Name in Full | | Arthur Mathews | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Burrh Mills | County Montg | | MARYLAND | |
| | Date of death | 1905 | Month July | Day 23 | Age 12 | Months 0 | Days 0 |
| | Sex | Male | | Color or Race | Colored | | Birth-place Md. |
| | Occupation | None | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| | Father's Name | Elias Mathews | | | | Father's Birthplace | Md. |
| | Mother's Maiden Name | Lucinda Stuart | | | | Mother's Birthplace | Md. |
| Name of person giving information | | " | | " | | How related to deceased | Mother |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Typhoid Fever | | | | How long | 2 weeks |
| | Immediate | Cholera | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | |
| | Yes. | | | | Address | | |
| | Accident or Suicide? | | | | H. J. Brown Silver Spring | | |



Name in Full

Kathleen O'Brien

Town

County

MARYLAND

Died at

Foundlings Hosp. Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

July

12

Age

0

4

5

D.C.

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

~~Primary~~

Death

Immediate

Congenital Syphilis

How long sick

all life

Accident, Suicide, Homicide

Reported by

J. M. Wall M.D.

Address

Foundlings Hosp. Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Lewis.
Kensington
Mont^g, Md.

Name
in
Full

CERTIFICATE OF DEATH

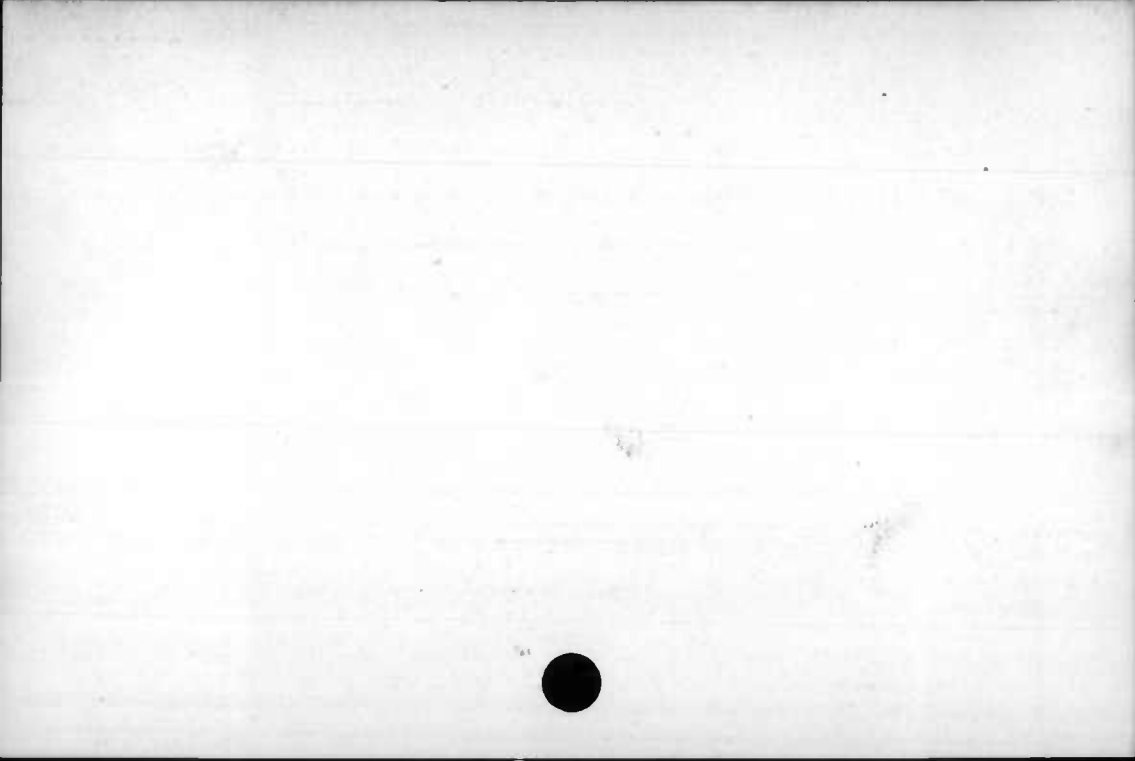
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|---|--|---|--|-----------------------------|--|----------------|--|-----------------|--|-----------------|--|
| Name <i>Mary E. Offutt</i> | | Town <i>near Rockville</i> | | County <i>Montgomery</i> | | MARYLAND | | | | | |
| Died at <i>near Rockville</i> | | Month <i>7</i> | | Day <i>26</i> | | Years <i>2</i> | | Months <i>4</i> | | Days <i>—</i> | |
| Date of death <i>1905</i> | | Month <i>7</i> | | Day <i>26</i> | | Age <i>2</i> | | Years <i>2</i> | | Months <i>4</i> | |
| Sex <i>Female</i> | | Color or Race <i>Negro</i> | | Birth-place <i>Maryland</i> | | | | | | | |
| Occupation <i>None</i> | | Where Residing if not at place of death | | | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | | | | | |
| Father's Name <i>Steven E. Offutt</i> | | Father's Birthplace <i>Maryland</i> | | | | | | | | | |
| Mother's Maiden Name <i>Clara Duffin</i> | | Mother's Birthplace <i>Maryland</i> | | | | | | | | | |
| Name of person giving information <i>Clara Offutt</i> | | How related to deceased <i>Mother</i> | | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>Six months</i> |
| Immediate <i>Suffocation</i> | How long <i>A few minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Edward Anderson M.D.</i> |
| | Address <i>Rockville M.D.</i> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

James Agden

Town

County

Died at

MARYLAND

Date

1905

Month

Day

Y.

M.

D.

Native of

Occupation

July 15

Age

2 10

D.C.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Marasmus

Death

Immediate

Exhaustion

How long sick

about 4 yrs

Accident, Suicide, Homicide

Reported by

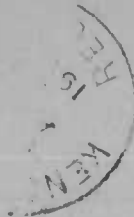
Address

J. M. M. M. D.

Foundlings Hosp. Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1905



Dr. W. L. Lewis
Kensington
Mont Co, Md.

Name
in
Full

Martha Pumphrey

CERTIFICATE OF DEATH

| | | | | | |
|--|------------------------------|--|-----------------------------------|----------------|-----------------|
| Died at <u>Ashton</u> <small>Town</small> | | <u>Montgomery</u> <small>County</small> | | MARYLAND | |
| Date of death 190 <u>5</u> | Month <u>July</u> | Day <u>7th</u> | Age <u>53</u> | Years <u>—</u> | Months <u>—</u> |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | | Birth-place <u>Montg. Co. Md.</u> | | |
| Married, Single or Widowed <u>Married</u> | | Occupation <u>Housewife</u> | | | |
| Name of Wife or Husband <u>Jillman Pumphrey</u> | | | | | |
| Father's Name <u>Jeremiah Bacon</u> | | Father's Birthplace <u>Montg. Co. Md.</u> | | | |
| Mother's Maiden Name <u>Easter Webster</u> | | Mother's Birthplace <u>Montg. Co. Md.</u> | | | |
| Name of person giving information <u>Elizabeth Stabler</u> | | How related to deceased <u>No relation</u> | | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <u>Valvular Disease of the Heart</u> | How long <u>Not known</u> |
| Immediate <u>Heart Failure</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Chas. Farguehan</u> |
| | Address <u>Olney Md.</u> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

Christian Roberts
Town *Seckerson* County *Montgomery*

MARYLAND

Died at

Date

of death 1905

Month

July

Day

29

Age

Years

63

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Katharine Bussard

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Katharine Roberts

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

"

How long

half hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

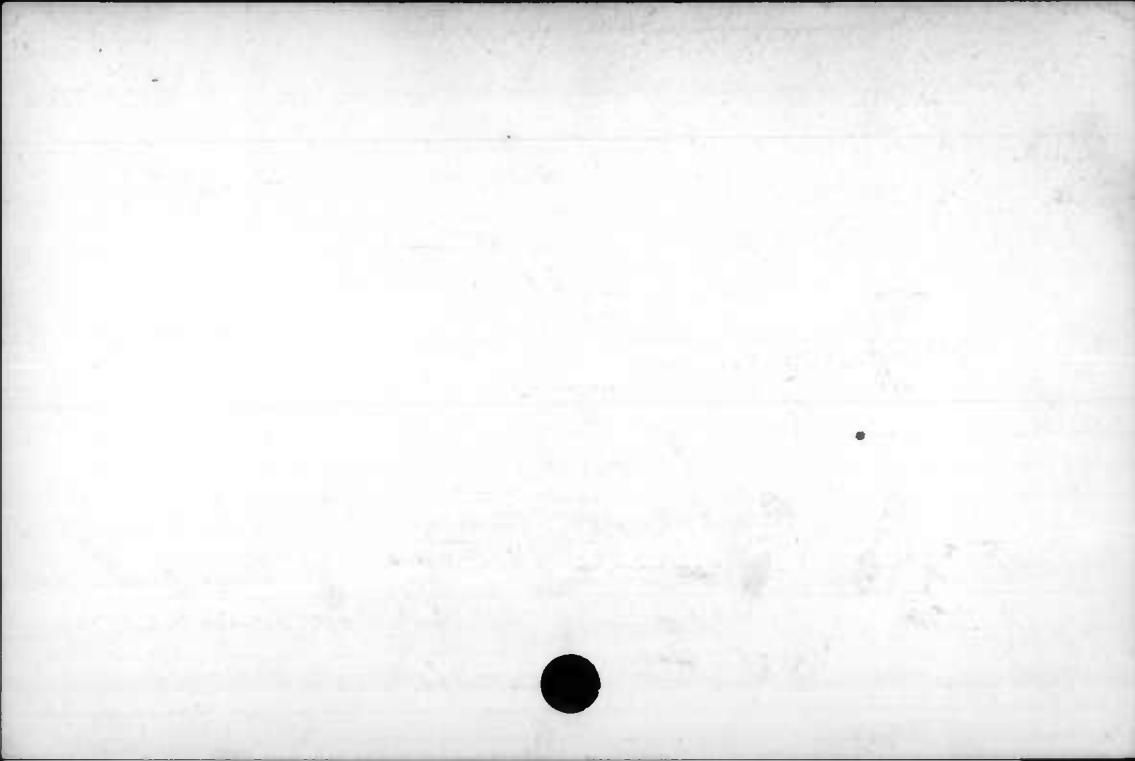
Address

*St. Michaels
Harnesville
Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

Mary Ann Shaw

CERTIFICATE OF DEATH

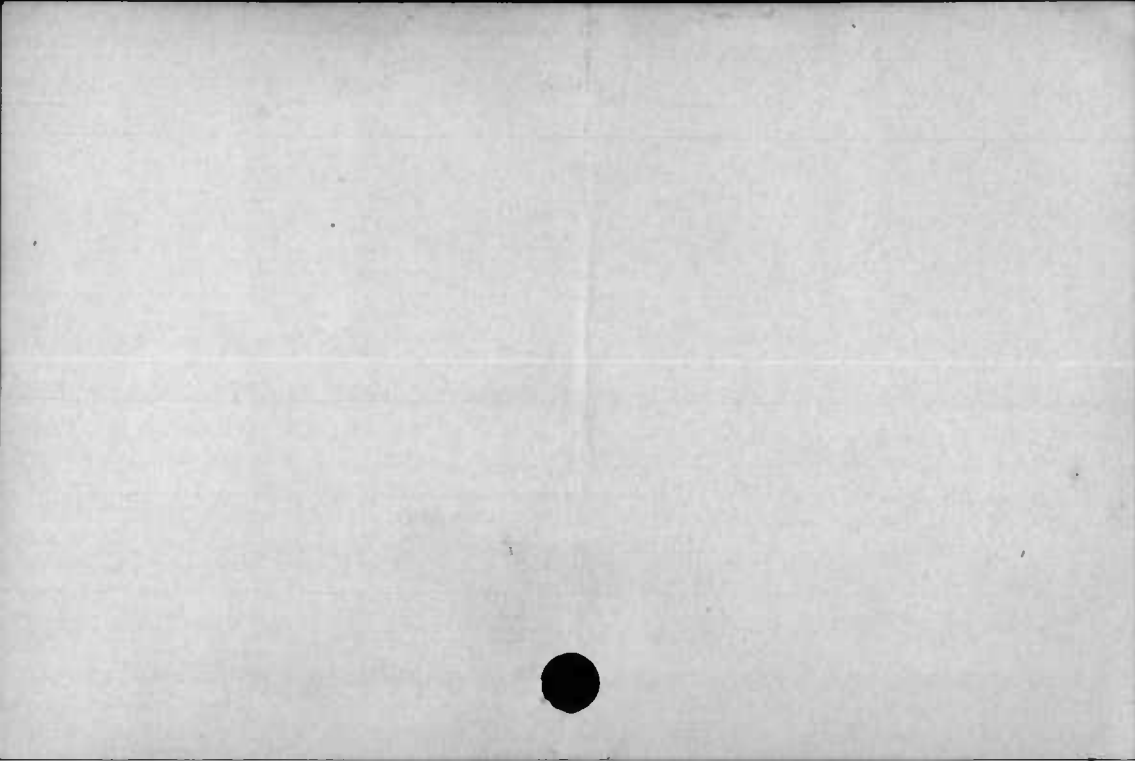
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--|---|----------|------|
| Died at <i>Oakdale</i> Town | | <i>Montgomery</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>July</i> | Day <i>29</i> | Age <i>74</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | |
| Occupation <i>No occupation</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Wm. Shaw</i> | | | |
| Father's Name <i>George Alcorn</i> | | | Father's Birthplace <i>Ireland</i> | | |
| Mother's Maiden Name <i>Lydia Digley</i> | | | Mother's Birthplace <i>Ireland</i> | | |
| Name of person giving information <i>Mrs. E. E. Ely</i> | | | How related to deceased <i>Daughter</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Diabetes Mellitus</i> | How long <i>about one year</i> |
| Immediate <i>Gangrene</i> | How long <i>Two Mos.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. F. Green</i> |
| | Address <i>Brooksville, Maryland</i> |
| Accident or Suicide? <input type="checkbox"/> | |



Name
in
Full

CERTIFICATE OF DEATH

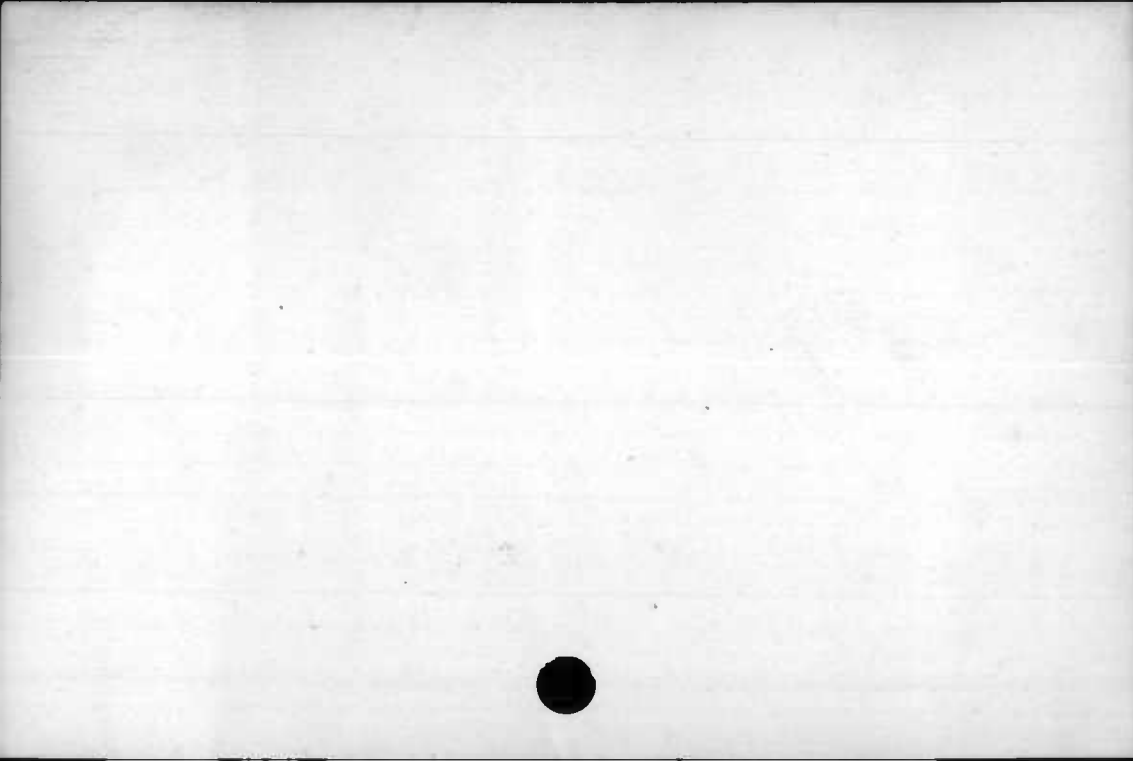
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|--|--|---|-------------------|------------------------|--------------|----------|-----------------|----------------|
| Died at | | Town <i>Silver Spring</i> | | County | | MARYLAND | | |
| Date of death | | 190 <i>5</i> | Month <i>July</i> | Day <i>30</i> | Age <i>0</i> | Years | Months <i>1</i> | Days <i>21</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i> Md</i> | | | | |
| Occupation <i>None</i> | | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | | |
| Father's Name <i>Geo. Snelcain</i> | | Father's Birthplace <i>Va</i> | | | | | | |
| Mother's Maiden Name <i>Mary Margareh Beall</i> | | Mother's Birthplace <i>M</i> | | | | | | |
| Name of person giving information <i>Geo. Snelcain</i> | | How related to deceased <i>Father</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|---|----------------|
| Primary | <i>Inanition</i> | How long | <i>3 weeks</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>H. S. Brown</i> | |
| <i>Yes</i> | | Address <i>Silver Spring</i> | |
| Accident or Suicide? | | | |



Name in Full

Certificate of Death

Katharine Smith

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1905

July

30

Age

0

2

16

D.C.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Marasmus

Death

Immediate

Exhaustion

How long sick

Whole life

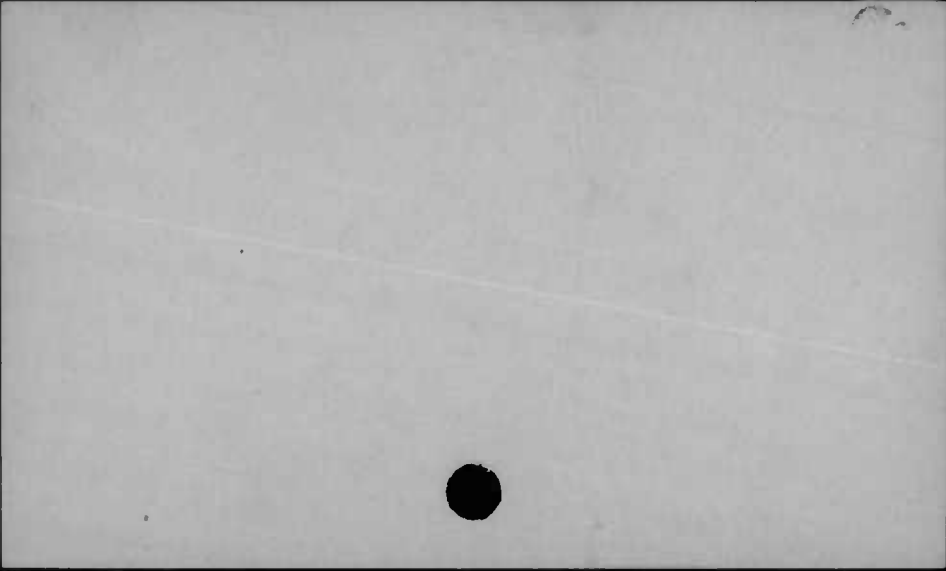
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Jessie Pearl Smith
 Town County

MARYLAND

Died at Browningsville Mount
 Month Day Y. M. D. Native of Occupation

Date 19 25 7 14 Age 9 — U. S.
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's Name Berj Smith Mother's Name 167 Titlow
 Maiden Name

Cause of Death Primary Burns from explosion How long sick
 Immediate of coal oil can in lighting fire. Accident, Suicide, Homicide

Reported by B. F. Lunsdale M. D.

Address Danassona Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Violet Stone

Town

County

Died at

Foundlings Hosp Bethesda, Mont. Co.

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1905

July 24

Age

0 2 22

DC

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Congenital Syphilis

How long sick

Whole life

Death

Immediate

Syphilis

Accident, Suicide, Homicide

Reported by

Address

J. W. M. S. Foundlings Hosp

Bethesda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr W. L. Lewis
Kensington,
Mo. & Co. Ind.

Name
in
Full

CERTIFICATE OF DEATH

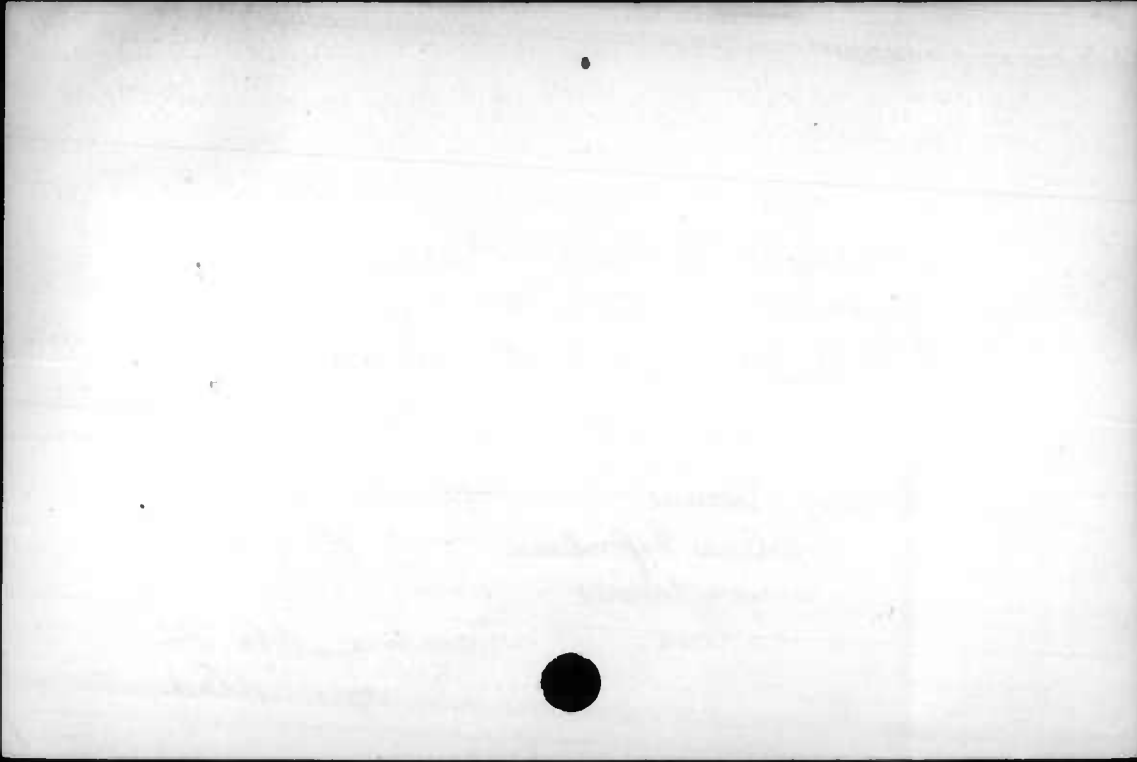
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|------------------------------------|--|----------------|--|
| Name <i>Emmie Gally</i> | | Town <i>Bryds</i> | | County <i>Montg</i> | | MARYLAND | |
| Died at | | Date of death | | Age | | Months Days | |
| <i>1905</i> | | <i>7</i> | | <i>60</i> | | <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>negro</i> | | Birth- place <i>Montg Co</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed | | Name of Wife Husband <i>Flemming Gally</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>—</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>—</i> | | | | | |
| Name of person giving In formation <i>Physician</i> | | How related to deceased <i>—</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Cancer uteri</i> | How long <i>2 yrs</i> |
| Immediate <i>Anthrax</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>U. D. Howell M.D.</i> |
| | Address <i>Danversville Ind.</i> |
| Accident or Suicide? <i>—</i> | |



Marshall Elmer Thomas

Town

County

Died at

Nowood

Montgomery

MARYLAND

| | | | | | | | | | | | | | | |
|------|--------|-------|---------|-----|----|---------|---|----|----|----|-----------|----------------|---------------------------|---|
| Date | 1905 | Month | July | Day | 24 | Age | — | Y. | M. | D. | Native of | Monty. Co. Md. | Occupation | — |
| | Male | | White | | | Married | | | | | Widow | Divorced | | |
| | Female | | Colored | | | Single | | | | | Widower | | Number of children living | |

Husband
ofFather's
Name

Henry Thomas

Mother's
Name

Alcinda Thomas

Cause of

Primary

Cholera infantum

How long sick

About 3 weeks

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Chas. Farquhar, M.D.,

Address

Olney, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Willis Lowson Alexander Thorn

Town

County

Died at

~~At~~ Oakdale

Montgomery

MARYLAND

Date 1905 7 18 Age 2 17 Native of Montgomery Occupation

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's
Name asac Thorn

Mother's
Name Susanna Thorn

Cause of Death { Primary Cholera Infantum
Immediate Bulousione

How long sick
3 weeks

Accident, Suicide, Homicide

Reported by Roger Brewer

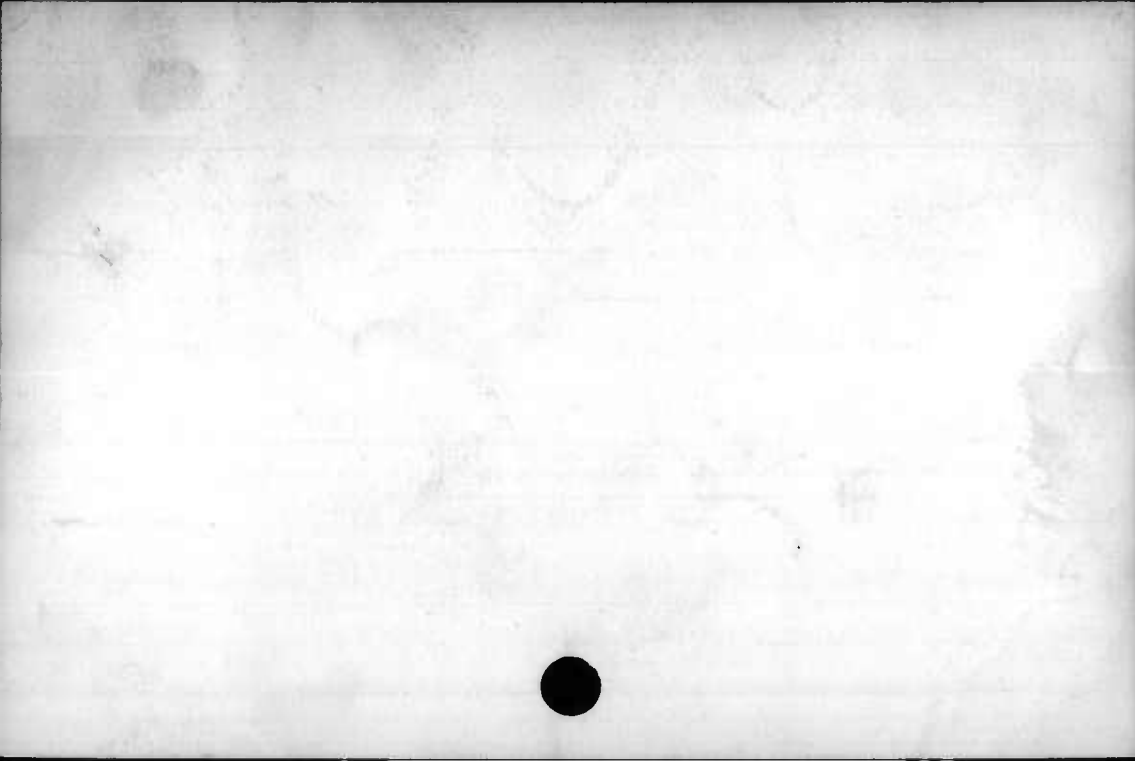
Address

Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | |
|--------------------------------------|---|----------------------------|---------------------------|--|----------------------------|------------------------|-----------------|
| Name in Full | | Mrs Harriet L. Waller | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Martinsburg | County Morgantown | | MARYLAND | |
| | Date of death | 1905 | Month July | Day 16 | Years 61 | Months | Days |
| | Sex | Female | | Color or Race | White | | Birth- place |
| | Occupation | Housewife | | Where Residing if not at place of death | | | |
| | Married, Single <input checked="" type="checkbox"/> Widowed | Name of Wife or Husband | | | | | |
| | Father's Name | John Reed | | | | Father's Birthplace | Virginia |
| | Mother's Maiden Name | | | | | Mother's Birthplace | Virginia |
| Name of person giving Information | Undertaker | | | | How related to deceased | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Pulmonary Tuberculosis | | | How long | |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | B. W. Walling | |
| | | | Address | | | Portersview Md | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|-----------------------------------|----------|------------------------|-------------|------------|-----------|-------------------------|-----------|--------------------|----------|--------|------|
| Died at <i>Takoma Park</i> | | Town <i>Montgomery</i> | | County | | MARYLAND | | | | | |
| Date of death | 1905 | Month | <i>July</i> | Day | <i>10</i> | Age | <i>85</i> | Years | <i>9</i> | Months | Days |
| Sex | <i>F</i> | Color or Race | | <i>no</i> | | Birth-place | | <i>Bohline Co.</i> | | | |
| Married, Single or Widowed | | | | Occupation | | | | | | | |
| Name of Wife or Husband | | | | | | | | | | | |
| Father's Name | | | | | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | | | | | |
| Name of person giving information | | | | | | How related to deceased | | | | | |

*Harriet T. Davis**Daughter*

CAUSES OF DEATH

*154*PHYSICIAN
OR CORONER

| | |
|--|---------------------------|
| Primary | How long |
| Immediate <i>Senility</i> | How long <i>one month</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| <i>Yes</i> | <i>Alfred T. Parsons.</i> |
| | Address |
| | <i>Takoma Park, Md.</i> |
| Accident or Suicide? | |

